



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

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STATE OF HAWAII  
STATE ETHICS COMMISSION

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COVANSYS

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
RADCLIFFE	JOHN	H.	808/531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
CAPITOL CONSULTANTS OF HAWAII			808/531-4551
MAILING ADDRESS (Street)			FAX
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813-2453	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE 503-701-5858	
COVANSYS CORPORATION		
MAILING ADDRESS (Street)	FAX 503-274-9630	
124 SW YAMHILL STREET, SUITE 200		
(City)	(State)	(Zip Code)
PORTLAND	OREGON	97204
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 503 701-5858	
BRENT LIEBERMAN		
MAILING ADDRESS (Street)	FAX 503-274-9630	
124 SW YAMHILL STREET, SUITE 200		

(City)	(State)	(Zip Code)
PORTLAND	OREGON	97204

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is to the best of my knowledge, correct and complete.	
<i>John H. Cadchiff</i> (Signature of Lobbyist)	31 Jan 2005 (Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
BRENT LIEBERMAN	VICE PRESIDENT/PUBLIC SECTOR
NAME OF ORGANIZATION (if applicable)	TELEPHONE 503-701-5858
COVANSYS CORPORATION	
MAILING ADDRESS (Street)	FAX 503-274-9630
124 SW YAMHILL STREET, SUITE 200	
(City)	(State)
PORTLAND	OREGON
(Zip Code)	97204
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
<i>Brent Lieberman</i> (Signature of Authorizing Officer or Person Represented)	01/21/05 (Date)